



PROPOSAL FORM

Annual Contract Works

libertyinternational.com/au

Proposal form



Important Notice

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If any insurance contract issued is governed by the Marine Insurance Act 1909 (Cth), then failure to comply with your duty of disclosure may result in your contract being avoided from inception. If any insurance contract issued is governed by the Insurance Contracts Act 1984 (Cth), a failure to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract in respect of a claim or to cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Please note

It is important that all questions are answered fully. Where asked to provide additional information by attachment please do so using the Insured's official letterhead. Once all questions have been answered the Insured must sign and date the proposal in the space provided on the last page.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

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1. INSURED DETAILS

Insured name

Interested parties

Address

Suburb

State

Postcode

ABN

Registered for GST Yes

No

Operating years

2. COVER REQUIRED

Cover to commence From To

Policy limit required \$

Maximum construction period months Maximum defects liability period months

3. COVER TYPE

Please select only one:

Projects commenced basis Estimated value of works to commence during the policy period \$

Turnover basis Cover for works underway during the Policy Period. \$
(Cover to cease when the policy is lapsed.)

4. ESTIMATED SPLIT OF PROJECTS

State CBD Metropolitan Country

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

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5. PROPOSED CONTRACT TYPES

Type	% Total to equal 100%
Domestic dwellings	%
Apartments/units	%
Commercial (offices, retail etc)	%
Industrial	%
Institutional (school etc)	%
Civil	%
Other works	%
Total	%

If required, please provide any additional information below:

6. SUM INSURED AND INSURED PROPERTY

Total turnover estimated for the policy year commencing	\$
Actual turnover declared for the prior three (3) years:	
Year 1	\$
Year 2	\$
Year 3	\$
Maximum project value	\$
Value of principal supplied materials any one project	\$
Existing structures maximum value for any one project	\$
Value of contractor's plant & tools	\$
Escalation	\$
Removal of debris	\$
Professional fees	\$
Expediting costs	\$
Mitigation cost	\$
Plant and equipment owned	\$
Plant and equipment hired	\$
Hire fees annually	\$
Employee tools	\$

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7. PROJECT INFORMATION

Please advise if any projects will involve the following areas:

Excavation work deeper than 10 metres	Yes	No
Blasting or explosives	Yes	No
Design & construct where you provide the design	Yes	No
Excavation of existing underground services	Yes	No
Irrigation systems, canal, reservation or dam work	Yes	No
Pipelines greater than 250m in length	Yes	No
Road works or bridges	Yes	No
Prototype works	Yes	No
The lending of a builder's licence to you, or by you	Yes	No
Underground or tunnelling works	Yes	No
Work in the mining or oil & gas sector	Yes	No
Work in or around airports or railways	Yes	No
Work north of the 26th Parallel	Yes	No
Landfill, contaminated sites or exposure to asbestos or PFAS	Yes	No
Piling works	Yes	No

If yes to any of the above, please provide full details below:

Do you work with any EPS, Aluminium Composite Cladding	Yes	No
Work with Cross Laminated Timber (CLT)/Glulam or similar	Yes	No

Please answer the following:

Has the Insured experienced any loss, damage, circumstance, liability or claim that may be covered under a contract works policy in the last five (5) years?	Yes	No
Has any insurer declined a claim, cancelled a policy or imposed special terms to any insurance policy?	Yes	No
Has the Insured been charged with any criminal offence?	Yes	No
Has the Insured been declared bankrupt?	Yes	No
Has the Insured had a liquidator or receiver appointed?	Yes	No
Has the Insured been a defendant in a civil court case?	Yes	No

If yes to any of the above, provide full details below. Please attach full details if space provided is not sufficient.

Note: Please attach the location listing per project and/or listing of any plant equipment with values.

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8. DECLARATION

I, the undersigned, declare and acknowledge:

- that I am authorised as agent of the Insured to complete this proposal
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, we are obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant
- that we understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance
- that if a Contract of Insurance is entered into, all information and documentation supplied in proposing for this insurance will be incorporated into and form part of such Contract of Insurance
- that I have read and understood the Important Notices which form part of this proposal
- that I understand that no insurance is in force until a contract of insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty, if any

Signature

Date

Name (please print)

Title

Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).